PTO/SB/17 (12-04)

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WI A TIME				Complete if Known			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Application Number		09/111,731		
FEE TRANSMITTAL				Filing Date		July 8, 1998	
For FY 2005				First Named Inventor		YOSHINOBU SHIRAIWA ET AL.	
				Examiner Name		Jeffery A. Brier	
Applicant claims small entity status. See 37 C.F.R. 1.27				Art Unit		2672	
TOTAL AMOUNT OF	PAYMENT	(\$)		Attorney Docket No. 03500.012836			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Credit any overpayments							
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FEE CALCULATION							
1. BASIC FILING, SE	FILING FE Sm			RCH FEES Small Entity Fee(\$)		AMINATION FEE Small Entity (\$) Fee(\$)	S <u>Fees Paid (\$)</u>
Utility	300	150	500		20		
Design	200	100 100	100 300		13 16		
Plant Reissue	200 300	150	500		60	· -	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
9 - 20 or HP = 0 x 0 = 0 Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 0 0							
Indep. Claims	Extra Cla	aims Fee(\$)		Fee Paid (\$	_		
3 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3							
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). 							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other:							
SUBMITTED BY							<u> </u>
Signature	Signature Registration No. (Attorney/Agent) 33,628						
Name (Print/Type) Mark A-Williamson							Date: October 17, 2005